

State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
January 11, 2011 Minutes
INDEX

9:00 A.M.

I. CALL TO ORDER	2
A. AMENDMENTS TO AGENDA (None)	
II. PROGRESS REPORTS	
1. CR 10-294	2
2. CR 10-277 BRIAN M. JUMPER, M.D.	2-3
3. CR 10-051	3
4. CR 10-254	3
5. CR 08-256	3
6. COMPLAINT STATUS REPORT (FYI)	
7. REVIEW DRAFT LETTERS OF GUIDANCE	
A. CR 10-243 DAVID R. LOXTERKAMP, M.D.	3
B. CR 10-386 STEPHEN E. COOK, M.D.	3
C. CR 10-452 KRISHNAMURTHY V. JONNALAGADDA, M.D.	4
8. CONSUMER ASSISTANT FEEDBACK (FYI)	4
III. NEW COMPLAINTS	
9. CR 10-203	4
10. CR 10-225	4
11. CR 10-275	4
12. CR 10-430	4
13. CR 10-257	4-5
14. CR 10-280 DEBORAH J. CHARETTE, P.A.-C.	5
15. CR 10-374	5
16. CR 10-387	5-6
17. CR 10-428	6
18. CR 10-429	6
19. CR 10-435	6
20. CR 10-451	6
21. CR 10-454 TIMOTHY J. WIEGAND, M.D.	7
22. CR 10-458 DEBRA SILKES, M.D.	7
23. CR 10-481	7
24. CR 10-482	7
25. CR 10-483	8
26. CR 10-484	8
27. CR 10-486	8
28. CR 10-490	8-9
29. CR 10-511	9
IV. ASSESSMENT & DIRECTION	
30. AD 10-334	9

31. AD 10-507	9
32. AD10-508	9
33. AD 10-406	9
V. INFORMAL CONFERENCE(S)	
A. CR 09-538 PETER H. ELIAS, M.D.	9-10
B. CR 09-498 JAY C. SMITH, M.D.	10
VI. MINUTES OF DECEMBER 14, 2010	11
VII. BOARD ORDERS & CONSENT AGREEMENT MONITORING AND APPROVAL	
A. BOARD ORDERS (None)	
B. CONSENT AGREEMENT MONITORING and APPROVAL	
1. COMPLIANCE MONITORING REPORT (FYI)	
2. CLIFFORD SINGER, M.D.	11
3. JOHN M. DORN, M.D.	11
VIII. ADJUDICATORY HEARING	
A. CR 09-451 MITCHELL G. MOFFAT, M.D. (BOLIM)	11
IX. REMARKS OF CHAIRMAN	11
A. GUBERNATORIAL APPOINTMENT AND REAPPOINTMENT	11
X. EXECUTIVE DIRECTOR'S MONTHLY REPORT	11-12
A. REQUEST FOR ADVISORY RULING FROM BRANN & ISAACSON	12
B. COMPLAINT STATUE REPORT (FYI)	12
C. POLICY REVIEW – FEE CAP MULTIPLE REGISTRATION	12
D. YEARLY PHYSICIAN SURVEY REPORT	12
E. CONSENT AGREEMENT FINE PROPOSAL FOR LATE REPORTS	12
XI. MEDICAL DIRECTOR'S REPORT (None)	
XII. REMARKS OF ASSISTANT ATTORNEY GENERAL (None)	
XIII. SECRETARY'S REPORT	
A. LIST A	
1. M.D. LIST A LICENSES FOR RATIFICATION	12-13
2. P.A. LIST A LICENSES FOR RATIFICATION	13
B. List B APPLICATIONS FOR INDIVIDUAL CONSIDERATION	
1. JAMER R. HALDERMAN, M.D.	13
2. NASEEM S. SALIM, M.D.	13
3. AHMED A. SHALABI, M.D.	13-14
C. LIST C APPLICATIONS FOR REINSTATEMENT (None)	
D. LIST D WITHDRAWALS	
1. LIST D (1) WITHDRAW LICENSE APPLICATION (None)	
2. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION	14
3. LIST D (3) WITHDRAW LICENSE FROM REGISTRATION – INDIVIDUAL CONSIDERATION	
a. JAY SMITH, M.D.	14
b. DEBORAH CHARETTE, PA-C	14
E. LIST E LICENSES TO LAPSE BY OPERATION OF LAW	14-15
H. List H. PA SCHEDULE II AUTHORITY- REQUESTS FOR RATIFICATION	15
1. APPLICATIONS TO RENEW SCHEDULE II AUTHORITY (None)	
2. APPLICATIONS FOR NEW SCHEDULE II AUTHORITY	15

XIV. STANDING COMMITTEE REPORTS	
A. ADMINISTRATION, POLICY AND RULES COMMITTEE	
1. ANNUAL REPORT TO MAINE SECRETARY OF STATE.....	16
B. PHYSICIAN ASSISTANT ADVISORY COMMITTEE	
1. DECEMBER 2010 DRAFT MINUTES (FYI).....	16
XV. BOARD CORRESPONDENCE.....	16
XVI. FYI	
XVII. FSMB MATERIAL (FYI)	
XVIII. OTHER BUSINESS (FYI)	
XIX. ADJOURNMENT 5:04 P.M.....	16

**Board of Licensure in Medicine
137 State House Station, (mailing)
161 Capitol Street (physical address)
Augusta, Maine 04333-0137
Minutes of January 11, 2011**

BOARD MEMBERS PRESENT

Sheridan R. Oldham, M.D., Chairman
Gary R. Hatfield, M.D., Board Secretary
Cheryl Clukey
David H. Dumont, M.D.
George K. Dreher, M.D.
Maroulla Gleaton, M.D.
David D. Jones, M.D.
David Nyberg, Ph.D.

Ms. Baxter was excused.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D.
Dan Sprague, Assistant Executive Director
Jean M. Greenwood, Board Coordinator
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective Peter Lizanecz

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S.A. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S.A. § 1711-C.) The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:01 a.m. – 9:02 a.m.
10:33 a.m. – 10:34 a.m.
11:16 a.m. – 11:31 a.m.
11:48 a.m. – 11:49 p.m.
1:18 p.m. – 2:14 p.m.
2:45 p.m. – 4:40 p.m.
4:49 p.m. – 5:04 p.m.

EXECUTIVE SESSION

9:02 a.m. – 10:20 a.m.
10:34 a.m. – 11:16 a.m.
11:49 a.m. - 12:50 p.m.

RECESS

10:20 a.m. – 10:33 a.m.
11:31 a.m. – 11:48 a.m.
12:50 p.m. – 1:18 p.m.
2:14 p.m. – 2:45 p.m.
4:40 p.m. – 4:49 p.m.

PURPOSE

Call to Order
Public Session
Motions on Executive Session Material
Public Session
Public Session
Adjudicatory Hearing
Adjudicatory Hearing

Review Complaints and Progress Reports
Review Progress Reports and Assessment & Direction
Informal Conferences

I. CALL TO ORDER:

Dr. Oldham called the meeting to order at 9:01 a.m.

A. AMENDMENTS TO AGENDA (None)

EXECUTIVE SESSION

II. PROGRESS REPORTS

1. CR 10-294

Dr. Dreher moved to dismiss CR 10-294. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Dumont recused.

This complaint by a relative of a prior patient of this physician focused on improper monitoring of the care being provided to that patient by another patient of this physician, potential improper billing by the physician and concerns the physician was not informing the Department of Motor Vehicles (DMV) about potential risks related to the second patient's ability to drive. A review of the records and the physician's perspective reflected therein indicates appropriate decision-making, reasonable efforts to provide care and oversight of both patients involved, proper notification to DMV regarding health issues, standard billing for completion of forms, and concerns regarding the complainant's motivations in the entire affair.

2. CR 10-277 BRIAN M. JUMPER, M.D.

Dr. Dumont moved to dismiss the complaint against Brian M. Jumper, M.D. (CR 10-277) with a letter of guidance. Dr. Jones seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

In this case the patient complains that he had a vasectomy performed using a different method than had been described to him at his pre-operative visit. He also complains that he developed complications that resulted in multiple additional visits.

Review of the record indicates that a nurse practitioner did the pre-operative visit and consent and that the procedure was in fact done differently than had been described. The patient did develop some post-operative bleeding and a hematoma although the care of this was appropriate.

The physician replies that his office has changed office policies and that pre-operative visits are now done by the surgeons themselves. Consent is obtained by the operating surgeon and the entire clinical office staff has also received additional education on this process. In addition the office now requires that patients complaining of post-operative pain be re-evaluated by the surgeon whenever possible.

The letter of guidance will emphasize the importance of the surgeon explaining operative plans and of obtaining a thorough informed consent as well as making sure all office staff are aware of the need to monitor patients for post-operative complications.

3. CR 10-051

Dr. Dreher moved to investigate further CR 10-051. Dr. Jones seconded the motion, which passed 7-0-0-1 with Dr. Nyberg recused.

4. CR 10-254

Dr. Hatfield moved to dismiss the complaint against CR 10-254 with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

The complainant states that the physician twice prescribed inappropriate combinations and dosages of medications to the same patient, leading to respiratory failure due to drug-induced sedation on both occasions. The physician responds that the complainant makes several factual errors, and that she feels her care was appropriate. A review of the record shows many of the complainant's statements are indeed untrue. However, the records do show that the physician started the patient on three medications all at the same time at their last visit, with Zyprexa being started at 15 mg each day; this is higher than the recommended starting dose of 5 mg each day for a chronically debilitated patient, regardless of whether the patient had once used higher doses of this medication in the past.

A letter of guidance will point out the need to research the appropriate starting dose of a medication, and will also encourage the physician to start only one new medication at a time when there is the possibility of additive side-effects such as sedation.

5. CR 08-256

Dr. Dreher moved to investigate further CR 08-256. Dr. Nyberg seconded the motion, which passed unanimously.

6. COMPLAINT STATUS REPORT (FYI)

7. REVIEW DRAFT LETTERS OF GUIDANCE

A. CR 10-243 DAVID A. LOXTERKAMP, M.D.

Dr. Hatfield moved to approve the letter of guidance written to Dr. Loxterkamp as edited. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Dreher recused.

B. CR 10-386 STEPHEN E. COOK, M.D.

Dr. Dreher moved to approve the letter of guidance written to Dr. Cook as written. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Dumont recused.

C. CR 10-452 KRISHNAMURTHY V. JONNALAGADDA, M.D.

Dr. Nyberg moved to approve the letter of guidance written to Dr. Jonnalagadda as written.
Dr. Gleaton seconded the motion, which passed unanimously.

8. CONSUMER ASSISTANT FEEDBACK (FYI)

III. NEW COMPLAINTS

9. CR 10-203

Dr. Dumont moved to dismiss CR 10-203. Dr. Gleaton seconded the motion, which passed unanimously.

The patient, who resides in an institution, complains that this physician has not made appropriate referrals and has not adequately treated his chronic pain. A review of the medical records shows appropriate medical decision-making. There is evidence that referrals were made. There is also evidence that the patient was using his narcotic medication inappropriately.

10. CR 10-225

Dr. Jones moved to dismiss CR 10-225. Dr. Dumont seconded the motion, which passed unanimously.

The complainant, who is a resident in an institution, alleges the physician is indifferent to him and his pain in retaliation for the previous grievances, complaints, and lawsuits he has filed. The complainant believes he deserves narcotic medication but the physician disagrees. Both the medical record, which documents multiple and conscientious efforts to care for the complainant, and this complainant's history of medication diversion and other deceptive practices support the physician's response.

11. CR 10-275

Dr. Hatfield moved to investigate further CR 10-275. Dr. Jones seconded the motion, which passed unanimously.

12. CR 10-430

Dr. Hatfield moved to investigate further CR 10-430. Dr. Dumont seconded the motion, which passed unanimously.

13. CR 10-257

Dr. Dreher moved to dismiss CR 10-257. Dr. Nyberg seconded the motion, which passed unanimously.

The patient alleges that the physician prescribed medication that made him feel ill, made treatment decisions based upon the physician's negative feelings toward the patient, and dismissed the patient from care. The physician provided a detailed response describing the treatment plan and reasoning behind the medications prescribed to the patient. He also describes how the patient decided to leave the care of the system within which the physician worked before a new provider could be arranged. The physician's treatment of the patient was reasonable.

14. CR 10-280 DEBORAH J. CHARETTE, P.A.-C.

Dr. Dumont moved to offer Ms. Charette the opportunity to withdraw from licensure while under investigation with the understanding that this would be reportable to the National Practitioner Data Bank, and if she refuses to withdraw the Board would proceed to an adjudicatory hearing. Dr. Dreher seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

15. CR 10-374

Dr. Dumont moved to dismiss CR 10-374. Dr. Hatfield seconded the motion, which passed unanimously.

In this case the patient alleges that her shoulder surgery was performed in an incompetent manner in 2008. In addition, she complains that the doctor should not have been practicing since he was found negligent in a malpractice case in another state in 2009.

A review of extensive records shows excellent documentation by the physician with explicit descriptions of the risks and benefits of surgery, especially with limited pathology noted on pre-operative MRI. The patient was seen frequently in the post-operative period for ongoing pain issues and no other abnormalities were noted with all care appearing to be appropriate. The physician properly refused to call in additional narcotic prescriptions without re-examining the patient. Subsequent exams by a physiatrist and two other orthopedic surgeons did not suggest any problems with the initial surgery. In addition, the physician did keep the Board updated on his legal proceedings in another jurisdiction.

16. CR 10-387

Dr. Dumont moved to dismiss CR 10-387. Dr. Jones seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

This is an extremely complicated complaint in which the patient alleges that surgery to place an inflatable penile implant was not done correctly and resulted in multiple complications and the need for further surgery. Eventually the implant had to be removed and after a prolonged period of healing the urologist was able to place a malleable implant but the patient was not happy with this device or the size of the implant. The patient sought an additional opinion from a specialist in Boston who was willing to try further surgery and the patient requested that the original Maine urologist perform the additional surgery. The original surgeon refused to do further implant surgery because of his concerns about ongoing complications. However, he was willing to have

his practice continue to manage the patient's other urologic issues after obtaining a new referral from the patient's primary care physician.

Despite the patient having multiple complaints about his care, the record shows the urologist and his practice were extremely responsive to the patient's needs and complaints. Complications were recognized in a timely manner and dealt with appropriately. There is good documentation by multiple providers of the patient's visits. There is also good evidence in the chart of explanation of risks and benefits of surgery and of medical decision-making. The patient experienced a surgical outcome that neither he nor the surgeon was pleased with. This is unfortunate but the patient's care was appropriate, well explained, and well documented.

17. CR 10-428

Dr. Dreher moved to dismiss CR 10-428. Dr. Dumont seconded the motion, which passed unanimously.

The patient complains of poor treatment by an occupational health specialist for complaints of back and knee pain including withholding narcotics for pain symptoms. An evaluation was done including back x-rays and comprehensive lab tests considering a variety of causes for her pain. Physical Therapy and Orthopedic consults were also obtained. Based on all this information and several physical exams, the occupational doctor reasonably concluded the patient's complaints were not work related and referred her to a primary care physician for evaluation of other possible causes. The physician was appropriately cautious with the provision of narcotic medications once the acute phase of the evaluation was completed.

18. CR 10-429

Dr. Gleaton moved to dismiss CR 10-429. Dr. Dumont seconded the motion, which passed unanimously.

At the beginning of their initial visit, the patient asserted she had a particular skin condition and would not allow the physician to explore other possibilities that he thought more likely. The patient was so agitated and angry as the physician attempted to conduct a history that the physician decided to end the interview and recommend the patient find another dermatologist with whom she might form a better working relationship. The physician suspects and the medical record supports the possibility of a psychogenic component in the patient's difficulties.

19. CR 10-435

Dr. Jones moved to investigate further CR 10-435. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Dreher recused.

20. CR 10-451

Dr. Hatfield moved to investigate further CR 10-451. Dr. Gleaton seconded the motion, which passed unanimously.

21. CR 10-454 TIMOTHY J. WIEGAND, M.D.

Dr. Gleaton moved to order an Adjudicatory Hearing in the matter of CR 10-454 Timothy J. Wiegand, M.D. Dr. Nyberg seconded the motion, which passed unanimously.

22. CR 10-458 DEBRA SILKES, M.D.

Ms. Clukey moved to dismiss the complaint against Debra Silkes, M.D. (CR 10-451) with a letter of guidance. Dr. Hatfield seconded the motion, which passed unanimously.

The patient complains that she was treated rudely and disrespectfully by her physician. The patient complains she had an 11:00 a.m. appointment and she waited for half an hour in the exam room for the physician, at which time she heard the physician being told that her 11:30 a.m. appointment, a physician recruiter, was there. Instead of informing the physician recruiter she would be with him as soon as she finished seeing her patient, she continued to leave the patient waiting in the exam room and instead chose to meet with the physician recruiter. At 12:00 p.m. she went to attend to her 11:00 a.m. appointment, but the patient had left, very upset. The physician called the patient three weeks later to apologize for the delay and the inconvenience.

The physician corroborates the complaint and offers reasons why it was important to meet with the physician recruiter instead of her scheduled patient. While this does not rise to a level of discipline, the physician was rude to this patient and disrespectful to the doctor/patient relationship. The physician's lack of communication and choice to meet with the physician recruiter before seeing her patient who had been waiting an hour beyond her appointment time was unprofessional.

23. CR 10-481

Dr. Gleaton moved to investigate further CR 10-481. Ms. Clukey seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

24. CR 10-482

Ms. Clukey moved to dismiss CR 10-482. Dr. Dumont seconded the motion which passed unanimously.

The patient complains the physician did not treat her psychiatric illness correctly, helped commit SSI fraud, and allowed her mother to be present during sessions. The physician responds by outlining her care of the patient since 1998. After age 18 only the patient attended her visits. Records were sent to the SSI office at the patient's and her mother's request. The medical record indicates appropriate care.

25. CR 10-483

Ms. Clukey moved to dismiss CR 10-483. Dr. Jones seconded the motion, which passed unanimously.

The complainant alleges the physician misdiagnosed her. She alleges he diagnosed her with asthma due to her weight. The physician states the complainant has been a patient since 2002. At the time of the office visit in question, she requested a refill of Ventolin, which she used as needed. At this visit her lungs were clear and asymptomatic; however, she was going to be travelling and was worried travelling might exacerbate her asthma symptoms. She was provided the refill of Ventolin as she met the criteria for intermittent asthma. The medical records indicate many references to reactive airway disease, shortness of breath, wheezing and past medical history of asthma. The physician's treatment and care of this patient were appropriate.

26. CR 10-484

Ms. Clukey moved to dismiss CR 10-484. Dr. Jones seconded the motion, which passed unanimously.

The patient complains the physician performed a tubal ligation in 2006 while the patient was under the influence of medications that impaired her judgment. The physician responds by outlining her care of this patient since 2002. The medical records document that many discussions about performing a tubal ligation on this patient took place, including consideration of assessment/evaluation of the patient, the availability of other forms of birth control, the risks of this surgery, the risk of regret of a permanent decision. The physician carefully and thoroughly educated the patient regarding permanent sterilization. The consent process was exemplary. The physician's care was appropriate.

27. CR 10-486

Dr. Jones moved to investigate further CR 10-486. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

28. CR 10-490

Dr. Gleaton moved to dismiss CR 10-490. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Dreher recused.

A patient filed this complaint about an encounter with a new physician who was substituting for her long-standing primary care physician. The patient left the office abruptly after a brief time because she felt the physician was accusatory and loud which made her afraid and thoroughly uncomfortable. The physician felt the patient, whom he did not know at all, was upset and agitated from the start because she had never had an EKG done in the office and this was suggested in a hypertension screening done elsewhere. He was unable to calm the patient or appease her at all. The patient's primary care physician of many years indicated in a letter to the Board that she knows the patient and the physician well, and she believes that the physician tried

his best to deal with this patient who was very worried about her health and possibly upset that certain testing should have been done previously. The stage was set for misunderstanding and miscommunication and the patient did not stay long enough to allow a more reasonable review of the medical history, performance of exam, or rapport building to make possible a reassuring resolution of the difficult encounter.

29. CR 10-511

Dr. Dreher moved to dismiss CR 10-511. Dr. Jones seconded the motion, which passed unanimously.

In this case, a patient complains the physician made an incorrect diagnosis, prescribed an inappropriate medication, and spoke with a previous co-worker who described her care. The physician provides records of performing a comprehensive psychiatric evaluation, making an appropriate diagnosis and then recommended appropriate medications following obtaining informed consent from the patient. The physician denies ever having spoken with a co-worker of the patient and the records indicate the patient herself informed him of the events she felt were related by the co-worker.

IV. ASSESSMENT & DIRECTION

30. AD 10-334

Dr. Dreher moved to file AD 10-334. Dr. Nyberg seconded the motion, which passed unanimously.

31. AD 10-507 (CR 11-009)

Dr. Dumont moved to issue a complaint in the matter of AD 10-507 (CR 11-009). Dr. Hatfield seconded the motion, which passed unanimously.

32. AD 10-508 (CR 11-010)

Dr. Jones moved to issue a complaint in the matter of AD 10-508 (CR 11-010). Dr. Dumont seconded the motion, which passed unanimously.

33. AD 10-406 (CR 11-011)

Ms. Clukey moved to issue a complaint in the matter of AD 10-406 (CR 11-010). Dr. Gleaton seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCE(S)

1. CR 09-538 PETER H. ELIAS, M.D.

After an Informal Conference, Dr. Jones moved to dismiss CR 09-538 Peter H. Elias, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

In this case, the patient complained that the physician failed to diagnose prostate cancer. The patient stated he saw the physician in 2003, 2006, and 2009 with prostate problems and assumed PSA testing had been performed. The patient stated that in 2009 he had to ask for a PSA test and prostate exam and left the office following that visit believing he was in good health. He questioned why he was not referred to a specialist in 2006. The physician responded that he had never declined a request for a PSA test in a male over 40. He explained his rationale regarding preventive medical screening tests and that he discussed this with patients at the time of a yearly visit.

The Board wishes to convey serious concerns about his actions and expects that he will:

1. Focus on the documentation of actual patient/physician interactions, specifically documenting informed consent and patient's decisions regarding their care;
2. Be more careful with the use of the electronic medical record, accurately documenting the patient's complaints, the physical examination, and the problems addressed during the visit; and
3. Work on his ability to communicate with patients, so that they can accurately reflect back, with understanding, what has been discussed.

2. CR 09-498 JAY C. SMITH, M.D.

After an Informal Conference, Dr. Dumont moved to dismiss the complaint against CR 09-498) Jay C. Smith, M.D. with a letter of guidance. Ms. Clukey seconded the motion, which passed unanimously.

This case involves a complicated patient hospitalized involuntarily at a psychiatric hospital with a history of a previous pancreatic injury and chronic pancreatitis. The patient complains that the physician assigned to handle his medical care did not adequately assess or treat the patient's ongoing pain issues and blocked a follow-up appointment the patient had with a Pain Clinic. Review of the record shows an inadequate history and physical exam and poor charting of the physician's involvement as well as poor documentation of medical decision-making. The physician claims that other records exist that could not be accessed for review.

This is a difficult practice situation and complex patient; however, the Board feels that a Letter of Guidance to this physician is appropriate and will reinforce the importance of both performing and documenting a thorough history and physical exam. In addition, the physician's choice of treatment should have been explained in the chart as well as in a discussion of his medical decision making in this case, including his choice not to follow-up with the Pain Clinic.

PUBLIC SESSION

VI. MINUTES OF DECEMBER 14, 2010

Dr. Dumont moved to approve the minutes of December 14, 2010 as edited. Dr. Dreher seconded the motion, which passed unanimously.

VII. BOARD ORDERS & CONSENT AGREEMENT MONITORING AND APPROVAL

A. BOARD ORDERS (None)

B. CONSENT AGREEMENT MONITORING AND APPROVAL

1. COMPLIANCE MONITORING REPORT (FYI)
2. CLIFFORD SINGER, M.D. (No action taken.)
3. JOHN M. DORN, M.D. (CR 09-439 and CR 10-099)

Dr. Dreher moved to approve a consent agreement in the matter of John M. Dorn, M.D. Dr. Jones seconded the motion but the motion failed 0-8.

Dr. Nyberg moved to order an Adjudicatory Hearing in the matter of John M. Dorn, M.D. (CR 09-439 and CR 10-099). Ms. Clukey seconded the motion, which passed unanimously.

VIII. ADJUDICATORY HEARING

MITCHELL G. MOFFAT, M.D. CR 09-451 [SEE APPENDIX A ATTACHED]

An Adjudicatory Hearing was held in the matter of Mitchell G. Moffat, M.D. CR 10-248. An official Board Order will be prepared by the Hearing Officer and presented to the Board for review at the February 8th meeting.

IX. REMARKS OF CHAIRMAN

Dr. Oldham announced the reappointment of David Nyberg, Ph.D. and the appointment of Meg Baxter of Cape Elizabeth as the new public member replacing Ms. Holmes.

X. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the report of the Executive Director.

A. REQUEST FOR ADVISORY RULING

The Board received a request for an Advisory Ruling from the law firm of Brann & Isaacson focused on the ethics of physicians creating a company to distribute, and/or market, certain unspecified medical devices to hospitals.

Upon review, the Board believes that the question is insufficiently specific to allow an appropriate Advisory Ruling. Such a ruling is only used to give an opinion regarding the application of a specific Rule to a specific factual situation, which is not present here.

A letter in response will be sent.

B. COMPLAINT STATUS REPORT (FYI)

C. POLICY REVIEW – FEE CAP PA MULTIPLE REGISTRATION

Dr. Gleaton moved to continue the policy Fee Cap PA Multiple Registration with the duplicate language deleted. Dr. Dumont seconded the motion, which passed unanimously.

D. YEARLY PHYSICIAN SURVEY REPORT

The Board reviewed the Yearly Physician Survey Report and asked staff to supplement the report with hard data and responses.

E. FINE PROPOSAL FOR CONSENT AGREEMENT LATE REPORTS

No action taken at this time. Staff will draft a policy for review.

XI. MEDICAL DIRECTOR'S REPORT (None)

XII. REMARKS OF ASSISTANT ATTORNEY GENERAL (None)

XIII SECRETARY'S REPORT

A. List A

1. M.D. LIST A – LICENSES FOR RATIFICATION

Dr. Gleaton moved to approve the physicians appearing on List A below for licensure. Dr. Dreher seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Abess, Alexander T.	Anesthesiology	Rockport

Albin, Dmitry A.	Internal Medicine	Not Listed
Alifo, Augustine Y.	Emergency Medicine	Not Listed
Ansari Mohabadian, Bijan	General Surgery	Not Listed
Azis, Leyla	Internal Medicine	Bangor
Bhargava, Sandeep	Gastroenterology	Bangor
Burke, Dennis W.	Orthopedic Surgery	Sanford
Burns, Sean M	Anesthesiology	York
Corbett, Jeremy J.	Emergency Medicine	Not Listed
Davis, Scott M.	Addiction Medicine	Bangor
Hyett, Brian	Gastroenterology	York
Jain, Rohit	Internal Medicine	Not Listed
LLanto Lalaine, Corvera,	Family Medicine	Waterville
Mitchell, Bryan S.	Orthopedic Surgery	Waterville
Nguyen, Khanh-ha D.	Obstetrics & Gynecology	South Portland
Ostrerov, Yuliya	Pediatrics	Kennebunk
Rockwell, Jessica C.	IM/Endocrinology	Lewiston
Schoengold, Jeffrey D.	Emergency Medicine	Not Listed
Shaker, Clayton M.	Internal Medicine	Portland / Augusta
Singlevich, Thomas E.	Anesthesiology	Not Listed
Thakur, Manika,	Family Practice	Bangor

2. P.A. LIST A – LICENSES FOR RATIFICATION

Dr. Gleaton moved to approve the Physician Assistants appearing on List A below for licensure. Dr. Jones seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary Gary R. Hatfield, M.D. without reservation:

<u>Name</u>	<u>License</u>	<u>PSP</u>	<u>Location</u>
Helen Cox, PA-C	Active	Nancy O'Neill, M.D.	Brewer
Alison Gagnon, PA-C	Active	Marc Christensen, M.D.	Lewiston

B. LIST B APPLICATIONS FOR INDIVIDUAL CONSIDERATION

1. JAMES R. HALDERMAN, M.D.

The Licensure Committee moved to approve the license application of James R. Halderman, M.D. The motion passed unanimously.

2. NASEEM S. SALIM, M.D.

The Licensure Committee moved to ^{preliminarily} deny the application of Naseem S. Salim, M.D. with leave to withdraw her application. The motion passed unanimously. *amended 7/9/2013*

3. AHMED A. SHALABI, M.D. (Table)

C. LIST C – APPLICATIONS FOR REINSTATEMENT (None)

D. LIST D WITHDRAWALS

1. LIST D (1) WITHDRAW LICENSE APPLICATION (None)

2. List D (2) WITHDRAW LICENSE FROM REGISTRATION

Dr. Dumont moved to approve the physicians on List D (2) to withdraw their licenses from registration. Dr. Gleaton seconded the motion, which passed unanimously.

The following physicians and physician assistants have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Askinazi, Clifford	016040
Bilal, Rahila	016541
Deur, Lauren	016416
Fried, Robert	013602
Hutcheson, Jack	018099
Keyes, Ted	017918
McKee, Margaret	016018
Smith, Dana	017700
Story, Robert	010277
Sugar, Alan	015842

3. LIST D (3) WITHDRAW LICENSE - INDIVIDUAL CONSIDERATIONa. JAY SMITH, M.D.

Dr. Dreher moved to table the withdrawal application of Jay Smith, M.D. Ms. Clukey seconded the motion, which passed unanimously.

b. DEBORAH CHARETTE, PA-C

Dr. Dreher moved to table the withdrawal application of Deborah Charette, P.A.-C. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

E. List E Licenses to lapse by operation of law

<u>NAME</u>	<u>LICENSE NO.</u>
Agbayani-asar, Olga J.	014944
Cabelin, Mark	015372
Casey, Sean	016361
Chandler, Kym	017550

Deben, Sophia	018178
Dennison, Joseph	018081
Engeriser, Jason	017278
Flesher, Ryan	017598
Hall, Michael	017486
Hawthorne, Catherine	013829
Jones, Gareth O.	006225
Kerkar, Reshma	017564
Khan, Asif I.	017926
Kodish, Martin E.	016396
LaTowsky, Aaron W.	018143
Lee, Sang Hoon	017338
Majerske, Cynthia	016782
Olin, Robert	014013
Raef, Hussein	018237
Reandelar, Florenda	010399
Rojkovskiy, Igor	018035
Ruff, James E. II	018408
Sasse, Robert J.	017831
Shapero, Benjami	003933
Siddiqui, Nadeem	017497
Silverstein, Phillip	017625
Weinberg, David A.	017615
Yenchek, Robert	017836

F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS (None)G. LIST G RENEWAL APPLICATIONS FOR REVIEW (None)H. LIST H PHYSICIAN ASSISTANT SCHEDULE II AUTHORITY REQUESTS FOR RATIFICATION1. APPLICATIONS TO RENEW SCHEDULE II AUTHORITY (None)2. APPLICATIONS FOR NEW SCHEDULE II AUTHORITY

Dr. Gleaton moved to ratify the applications of physician assistants appearing on List H (2) below for Schedule II Authority. Dr. Dreher seconded the motion, which passed unanimously.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
LeAnn Shelmire, PA-C	Michael Sullivan, M.D.	Fort Kent
Craig Pedersen, PA-C	David Burke, M.D.	Bangor
Scott Collins, PA-C	Stephen Rodrigue, M.D.	Falmouth
James Gillen, PA-C	Seth Blank, M.D.	Portland

XIV. STANDING COMMITTEE REPORTS

A. ADMINISTRATION POLICY & RULES COMMITTEE

1. ANNUAL REPORT TO MAINE SECRETARY OF STATE (FYI)

B. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. DECEMBER 2010 DRAFT MINUTES (FYI)

XV. BOARD CORRESPONDENCE (FYI)

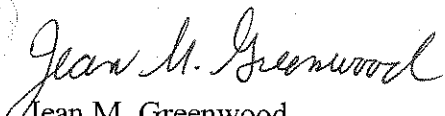
XVI. FYI

XVII. FSMB MATERIAL (FYI)

XVIII. OTHER BUSINESS (None)

XIX. ADJOURNMENT 5:04 p.m.

Respectfully submitted,


Jean M. Greenwood
Board Coordinator